



STATE OF WASHINGTON
DEPARTMENT OF FINANCIAL INSTITUTIONS
DIVISION OF CONSUMER SERVICES

P.O. Box 41200 • Olympia, Washington 98504-1200
Telephone (360) 902-8703 • TDD (360) 664-8126 • FAX (360) 664-2258 • <http://www.dfi.wa.gov/cs>

MONEY SERVICES
MONEY TRANSMITTER
ADD AN AUTHORIZED DELEGATE APPLICATION

"Authorized delegate" means a person/location a licensee designates to provide money services on behalf of the licensee. The definition of Authorized Delegate includes all company owned outlets.

INSTRUCTIONS: (Per WAC 208-690-031 Addition of authorized delegates.)

1. Contact your insurance company to obtain a rider to your bond, increasing the amount of bond coverage by an additional \$10,000 per added location. (Up to a maximum total bond amount of \$550,000)
2. For each proposed additional authorized delegate, provide the business name, including any additional names by which the business may be known, the name of the primary contact person, and the business address of each location where the authorized delegate will provide money services. You may use the form provided, or submit the information in a different format, as long as all requested information is included.
3. Forward the "Money Services, Money Transmitter - Add An Authorized Delegate Application" form (with attachments if needed) and the original, signed & sealed, bond rider to the address on the letterhead above.
4. Attach a check for the appropriate fees as prescribed by WAC 208-690-130.

For Each Additional Location Where The Licensee Or Authorized Delegate Provides Money Services Send:

\$50	Non-Refundable License Application Fee
<u>+\$50</u>	<u>+ Refundable Initial License Fee</u>
\$100	Total Fees Due Per Added Location

<input type="checkbox"/> \$100 Fees X (times) _____ Total # of added delegate locations = _____ total fees due
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You may write one check for all fees owed. Make checks payable to the "Washington State Treasurer" but send it to us with your application.

WASHINGTON STATE MONEY TRANSMITTER - ADD AN AUTHORIZED DELEGATE APPLICATION

Licensee Name:			
DFI License Number:	550 – MT -	Effective Date of Change:	
Person to contact upon approval/denial of request		Phone:	
		Fax:	

NEW RECORD

Company Name	<input type="text"/>
Trade Name or DBA	<input type="text"/>
Physical Address	<input type="text"/>
Mailing Address*	<input type="text"/>
Contact Name	<input type="text"/>
Telephone Number	<input type="text"/>
Fax Number*	<input type="text"/>

NEW RECORD

Company Name	<input type="text"/>
Trade Name or DBA	<input type="text"/>
Physical Address	<input type="text"/>
Mailing Address*	<input type="text"/>
Contact Name	<input type="text"/>
Telephone Number	<input type="text"/>
Fax Number*	<input type="text"/>

* Optional

This department must approve authorized delegate locations prior to them offering money transmission services.

AUTHORIZATION FOR VERIFICATION FORM – COMPANY

TO WHOM IT MAY CONCERN:

I, the undersigned official, of the company noted herein, hereby authorize and request you to provide the Department of Financial Institutions of the State of Washington, any and all information and documentation that they request for the purpose of verifying information provided in conjunction with an application for money services license, or for the purpose of conducting an investigation in accordance with chapter 19.230 Revised Code of Washington.

BY: _____
Signature of Authorized Official

Date

Printed name of Authorized Official

Title